

MAILING ADDRESS
Board of Barber Examiners
PO Box 94723
Lincoln, NE 68509

Nebraska Application For Barber Shop Change of Location

OFFICE LOCATION
1220 Lincoln Mall Ste. 100
Lincoln, NE
(402)471-2051

Please Print Or Type:

Submit application, floor plan sketch or blueprint and the \$ 75.00 inspection and license issuance fee: NOT LESS THAN 15 DAYS PRIOR TO

SCHEDULE OPENING DATE. Shop is requesting to open for business on _____, _____, 20____. The barber shop shall satisfactorily comply with all requirements set forth in the Rules and Regulations adopted and filed by the Board of Barber Examiners, and shall at all times operate according to the laws set forth in the Nebraska Revised Statutes pertaining to the practice of barbering. Contact Board Office if Opening Date Changes.

Barber Shop Name _____ Shop License # _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Shop Owner/s _____ Shop Phone # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC Cell Phone# _____

Shop Owner/s _____ Home Phone # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC Cell Phone# _____
Home Phone # _____

If incorporated submit proof of Articles of Incorporation. Federal Identification # (FIN or EIN) _____

Is owner licensed barber? YES [] NO [] if no, give name of licensed barber _____ and license # _____

Does shop offer booth/chair rental? YES [] NO [] if yes, enclosed booth/suites lockable? YES [] NO [] if yes, key must be available for inspection.

Provide a list of barbers working with their barber license numbers on a separate piece of paper.

Days and Hours of Operation: Open only by appointment YES [] NO [] please indicated and list times most likely for individual or individuals to be working.

| Monday [] | Tuesday [] | Wednesday [] | Thursday [] | Friday [] | Saturday [] | Sunday [] |
|------------|-------------|---------------|--------------|------------|--------------|------------|
| to | to | to | to | to | to | to |

Zoned barber shop location Business [] Residential [] Will business be licensed Cosmetology Salon? YES [] NO []

City water connection YES [] NO [] Size of shop ____ ft x ____ ft or Square footage _____

City sewer connection YES [] NO [] Dispensary, storage & other rooms: YES [] NO []

Capacity Hot Water Heater _____ Description of usage for room/s (above) _____

Toilet location: Type of Flooring _____

shop premises YES [] NO [] Type of Walls _____

common area of commercial building ...YES [] NO [] Type of Ceiling _____

Method of Ventilation (heating & cooling) _____ Type of Lighting _____

Number of Immersion Sanitizers _____ Number of Barber Chairs _____

Trade name of Immersion Germicidal Agent Used _____ Number of Shampoo Bowls _____

Brushes & Combs (Example Barbicide) _____ Number of Mirrors _____

Metal Tools (Name of Disinfectant Spray) _____ Mirror Size ____ x ____ (inches or feet)

Clipper Blades (Name of Disinfectant Spray) _____

United States Citizenship Attestation – For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:

OR _____ I am a citizen of the United States.

OR _____ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.

OR _____ Not applicable as Business is [] Partnership [] Corporation or [] Other _____

OWNER'S SIGNATURE _____ SOCIAL SECURITY # _____ Explain/Describe

_____ SOCIAL SECURITY # _____
All Owners must Sign and Signature must be witnessed by a Notary Public

STATE OF NEBRASKA) SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF) _____ DAY OF _____, 20 _____

SEAL _____ NOTARY PUBLIC

INSPECTOR'S COMMENTS: _____

OFFICE USE ONLY:
DATE FILED _____ RECEIPT NO. _____ INSPECTION DATE _____
FEE RECEIVED _____ LICENSE NO. _____ ISSUANCE DATE _____
04/2022

New Shop or Change of Location Checklist

| | |
|--------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> | Application - All Fields Completed |
| <input type="checkbox"/> | Detailed Sketch of shop floor plan with dimensions |
| <input type="checkbox"/> | Application Notarized |
| <input type="checkbox"/> | All Licenses displayed, Rules and Regulations displayed |
| <input type="checkbox"/> | Barber Chair - Functioning, No tears, Spaced 4.5 ft. apart minimum |
| <input type="checkbox"/> | One Shampoo bowl for every five stations. |
| <input type="checkbox"/> | Back bar, Clean and orderly |
| <input type="checkbox"/> | Enclosed Clean Towel Storage near shampoo area |
| <input type="checkbox"/> | Work station, Clean and orderly |
| <input type="checkbox"/> | Tool Storage, sanitized area for clean tools |
| <input type="checkbox"/> | Adequate Mirror for each station |
| <input type="checkbox"/> | Container for waste and for soiled towels |
| <input type="checkbox"/> | Hot water system |
| <input type="checkbox"/> | Restroom, functional with disposable towels |
| <input type="checkbox"/> | Immersion sterilizer, filled during operating hours |
| <input type="checkbox"/> | Approved germicidal solution and disinfectant spray |
| <input type="checkbox"/> | Floor surfaces in work area, washable, non-absorbent material |
| <input type="checkbox"/> | Ceiling, good condition, if tiled they must all be in place |
| <input type="checkbox"/> | Walls, cleanable surfaces, good condition |
| <input type="checkbox"/> | Waiting area, kept clean and orderly |
| <input type="checkbox"/> | Electrical must meet code, face plates on all outlets and switches |
| <input type="checkbox"/> | Plumbing, functioning properly, including drains |
| <input type="checkbox"/> | General Appearance, paint, trim, windows, etc., completed |
| <input type="checkbox"/> | Proper Lighting, sufficient to operate in work area. |
| <input type="checkbox"/> | Heating and Cooling system functioning properly |
| <input type="checkbox"/> | Dispensary, clean and orderly (if applicable) |

All areas of the Shop are subject to inspection, break rooms, Refrigerators etc.
An unchecked box could delay shop licensure
Incomplete application will not be accepted, All fields must be completed
Clean towel storage, must have lid or door(s) to enclose the towels